

INVENTORY SCHEDULE B (See FAR Section 45.606 for Instructions)	TYPE	TYPE OF CONTRACT	DATE	FORM APPROVED OMB NO.
	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> TERMINATION <input checked="" type="checkbox"/> NONTERMINATION			

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretarial (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0015), Washington, D.C. 20503.

TYPE OF INVENTORY <input type="checkbox"/> RAW MATERIALS (Other than metals) <input type="checkbox"/> PURCHASED PARTS <input type="checkbox"/> FINISHED COMPONENTS <input type="checkbox"/> FINISHED PRODUCT <input type="checkbox"/> PLANT EQUIPMENT <input type="checkbox"/> MISCELLANEOUS			PROPERTY CLASSIFICATION		PAGE NO.	NO. OF PAGES
THIS SCHEDULE APPLIES TO (Check one) <input type="checkbox"/> A PRIME CONTRACT WITH THE GOVERNMENT <input type="checkbox"/> SUBCONTRACT(S) OR PURCHASE ORDER(S)			COMPANY PREPARING AND SUBMITTING SCHEDULE			
GOVERNMENT PRIME CONTRACT NO. SUBCONTRACT OR P.O. NO. REFERENCE NO.			STREET ADDRESS			
CONTRACTOR WHO SENT NOTICE OF TERMINATION NAME			CITY AND STATE (Include ZIP Code)			
ADDRESS (Including ZIP Code)			LOCATION OF MATERIAL			
PRODUCT COVERED BY CONTRACT OR ORDER						

FOR USE OF CONTRACTING AGENCY ONLY	ITEM NO. (a)	DESCRIPTION			CONDITION (Use code) (c)	QUANTITY (d)	UNIT OF MEASURE (d1)	COST (For finished product, show contract price instead of cost)		CONTRACTOR'S OFFER (g)	FOR USE OF CONTRACTING AGENCY ONLY
		ITEM DESCRIPTION (b)	GOVERNMENT PART OR DRAWING NUMBER AND REVISION NUMBER (b1)	TYPE OF PACKING (Bulk, bbls, crates, etc.) (b2)				UNIT (e)	TOTAL (f)		

INVENTORY SCHEDULE CERTIFICATE The undersigned, personally and as representative of the Contractor, certifies that this inventory Schedule consisting of page numbers _____ to _____ inclusive dated _____ has been examined, and that in the exercise of the signer's best judgement and to the best of the signer's knowledge, based upon information believed by the signer to be reliable, said Schedule has been prepared in accordance with applicable instructions: that the inventory described is allocable to the designated contract and is located at the places specified; if the property reported is termination inventory, that the quantities are not in excess of the reasonable quantitative requirements of the terminated portion of the contract; that this Schedule does not include any items reasonably usable, without loss to the Contractor, on its other work; and that the costs shown on this Schedule are in accordance with the Contractor's records and books of account. The Contractor agrees to inform the Contracting Officer of any substantial change in the status of the inventory shown in this Schedule between the date hereof and the final disposition of such inventory. Subject to any authorized prior disposition, title to the inventory listed in this Schedule is hereby tendered to the Government and is warranted to be free and clear of all liens and encumbrances.											
NAME OF CONTRACTOR			BY (Signature of Authorized Official)			TITLE			DATE		
NAME OF SUPERVISORY ACCOUNTING OFFICIAL						TITLE					